

Council meeting 1 & 2 August 2006

**PUBLIC BUSINESS**

## **Introduction of a Curriculum for the Education and Training of Pharmacist Independent Prescribers**

### **Purpose**

This paper describes the principles underpinning the development of the Society's curriculum for the education and training of pharmacist independent prescribers and a conversion course for pharmacist supplementary prescribers. The curriculum documents have been endorsed by Education Committee in July and circulated to stakeholders for comment. The comments will be presented verbally to Council. The problems of accrediting independent prescribing programmes in a reasonable timescale are described together with the solutions agreed by Education Committee.

### **Strategic Objective Domain**

An organisation that consistently performs as a regulator, professional representative leader and publisher

### **Recommendations**

On the recommendation of the Education Committee, the Council is asked

- i. to receive and agree any changes to the curriculum arising from the consultation process, and
- ii. to endorse the curriculum for the education and training of pharmacist independent prescribers, amended after discussion if necessary.

### **1. Introduction and Background**

The Department of Health announced in November 2005 that pharmacists and nurses would be able to practise as independent prescribers. The legal changes to allow independent prescribing took effect in May 2006. Before this change, pharmacists who had registered with the Society as a supplementary prescriber could prescribe any medicine in the BNF for patients but only within the confines of a clinical management plan (CMP). The CMP is agreed in advance with an independent prescriber, normally a doctor who has made the initial diagnosis and states the condition(s) that the pharmacist can treat and the medicines that can be prescribed. A pharmacist independent prescriber will be able to prescribe any medicine from the BNF (except, for the moment, controlled drugs) for any condition within their professional competence. The practice of a pharmacist independent prescriber will also be limited but by the management framework set by their commissioning organisation or employer; i.e prescribing pharmacists will be employed to see patients whose principal diagnosis is already known. The major difference from supplementary prescribing is that the medicines they prescribe need not be so tightly specified. They will also be able to prescribe for any additional conditions that they are able to diagnose and treat within their professional competence. The ability to recognise clinical signs that indicate other clinical problems that require attention or referral by the pharmacist independent prescriber is a key element of independent prescribing practice.

Following the announcement, the chief pharmacists of England, Wales, Scotland and Northern Ireland collaborated in forming a strategy group to decide the education and training arrangements for pharmacist independent prescribers. In particular, the group devised the learning outcomes and entry requirements for prescribing training

programmes and agreed that pharmacist supplementary prescribers would have to complete a conversion programme to qualify as independent prescribers.

The responsibility of the Society in the regulation of pharmacist prescribing education and training is to devise an appropriate curriculum for training programmes, based on the learning outcomes supplied, to accredit programmes in HEIs and to annotate in the membership register the entries of pharmacists who successfully complete prescribing training. There is also a professional role to provide support and guidance to pharmacist prescribers and this was discussed at the Council day in June 2006.

## **2. A Curriculum for Independent Prescribing**

The process for preparation of the curriculum was based on the successful approach used to prepare the supplementary prescribing curriculum in 2002. A multi-disciplinary group, including academics, pharmacist prescribers and a medical practitioner who is also a pharmacist contributed to the process. The approach taken was to identify from the DH learning outcomes the additional knowledge and skills required for a supplementary prescriber to practise as an independent prescriber and to build this into the existing supplementary prescribing curriculum. The key additional learning is:

- working autonomously
- awareness of the limits of professional competence<sup>1</sup>
- taking an accurate history
- making a clinical assessment of a patient with the clinical condition that the pharmacist intends to treat<sup>2</sup>
- making a general assessment of a patient to rule out additional significant clinical problems
- formulating a diagnosis
- monitoring response to therapy
- working within the legal, ethical and professional framework for independent prescribing.

These elements formed the basis for identifying the additional material for the curriculum (appendix 1). In addition, the core content from the existing supplementary prescribing curriculum has been updated, including a significant increase in guidance for the 12 days learning in practice. Pharmacists who successfully complete training and register as an independent prescriber will also be able to practise as supplementary prescribers.

In addition to the curriculum for full training programmes, a short conversion course is necessary to enable existing pharmacist supplementary prescribers to qualify as independent prescribers. The programme elements outlined above form the basis for a conversion curriculum (appendix 2). In addition to theoretical knowledge, most supplementary prescribers will also have to learn additional clinical examination skills and this will require practical training and/or a further short period of learning in

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<sup>1</sup> While working within the limits of professional competence and the role of CPD are core parts of professional practice, they are reinforced in the prescribing curriculum.

<sup>2</sup> Pharmacists normally learn the skills of prescribing in one area of clinical practice. Most will extend their practice into additional clinical areas as they gain experience. To do this they will need to demonstrate their competence after undertaking appropriate continuing professional development activities.

practice. As the majority of pharmacists on the conversion course will be working with a medical practitioner in a supplementary prescribing relationship, access to supervised practice may not present the difficulties experienced by new prescribing students.

Council members may be aware of the eagerness of some supplementary prescribers to qualify as independent practitioners and their criticisms of the time taken to publish a curriculum. Providers of prescribing training are aware that applications from pharmacists for entry to supplementary prescribing training have fallen significantly. Applicants are waiting for independent prescribing training to become available. It would be helpful if we could publish the curriculum before the new academic year. To eliminate unnecessary delay, Education Committee agreed that the curriculum should be circulated immediately following the July meeting and to provide Council with a verbal summary of any comments received.

### **3. Accreditation of Independent Prescribing Education and Training Programmes**

In addition to the curricula, Education Committee also considered the arrangements for accreditation of prescribing programmes. Education Committee agreed in March 2006 that existing programme providers should be able to apply for extension of their current accreditation until it is possible to incorporate independent prescribing into their programme. Some programme providers have already taken advantage of this facility. Other providers, particularly multidisciplinary providers, have indicated their wish to introduce independent prescribing as soon as possible, especially as they are now implementing the new curriculum for nurse independent prescribing.

Given that there are 34 pharmacist supplementary prescribing programme providers; accreditation of them all for independent prescribing in a timescale to meet their needs and the needs of pharmacists, potentially presents a significant problem. Education Committee has agreed that the Society should implement an interim independent prescribing accreditation process for a provider with an approved conversion course. The procedure will be:

- application to the Society by an approved supplementary prescribing programme provider for approval of an independent prescribing conversion course.

AND

- addition of the conversion course to the existing supplementary prescribing programme so that students can complete both programmes and qualify as independent prescribers. Application to the Society for interim accreditation of an independent prescribing programme.

FOLLOWED BY

- preparation of an independent prescribing programme according to the full independent prescribing curriculum and application to the Society for accreditation towards the end of the existing accreditation for supplementary prescribing.

The benefits of this strategy are:

- programme providers will be able to introduce independent prescribing training without applying for a full reaccreditation;
- independent prescribing training for new pharmacist students will be available across Great Britain more rapidly;
- programme providers will be encouraged to introduce a conversion course;
- independent prescribing programmes with interim accreditation will be two days longer than the core supplementary prescribing programme on which they are based. The period of learning in practice will normally need to be extended to 14 days;
- the timetable for reaccreditation of prescribing programmes will continue to present an acceptable workload for the Society.

The curriculum for a conversion course is short and involves the equivalent of two days learning plus two days learning in practice. Accreditation of a conversion course at an HEI with an accredited supplementary prescribing programme will be a rapid process and will not normally require a university visit.

#### **4. Risk Implications**

If Council is unable to agree the curriculum at the August meeting, prescribing education and training programmes may not begin until 2007.

#### **5. Resource Implications**

The curriculum will be circulated to stakeholders by email and published on the Society's web site. The cost of accrediting a prescribing programme is £1,200. Provision for accrediting 34 conversion programmes and 12 full programmes has been built into budgets for 2006 and 2007.

#### **6. Recommendations**

On the recommendation of the Education Committee, the Council is asked

- i. to receive and agree any changes to the curriculum arising from the consultation process, and
- ii. to endorse the curriculum for the education and training of pharmacist independent prescribers, amended after discussion if necessary.

Dr Peter Wilson  
Head of Post-registration Division

## Appendix 1

### Royal Pharmaceutical Society of Great Britain

#### Outline Curriculum for Training Programmes to prepare Pharmacist Prescribers

##### Introduction and Background

The curriculum to prepare pharmacist independent prescribers has been developed from the curriculum for supplementary prescribers published by the Society in November 2002. The changes and additions reflect experience with the education and practice of pharmacist supplementary prescribers and also the significant differences associated with practice as an independent prescriber. Practice as a pharmacist independent prescriber involves working autonomously to make decisions about patient care and an awareness of personal limitations and the scope of professional competence. In particular, an independent prescriber will be responsible for making autonomous prescribing decisions based on the clinical assessment of patients, not only of the clinical needs for which the patient is consulting the pharmacist but also to ascertain if there are any other clinical problems that require attention or referral by the pharmacist.

Pharmacists who successfully complete an accredited programme based on this curriculum will also be competent to practise as supplementary prescribers.

The curriculum builds on the strengths in theoretical and applied therapeutics which pharmacists acquire from their initial training and through experience in practice. From the summer of 2002, newly registered pharmacists will have been educated on a four-year degree programme to 'Master's' level. Undergraduate education and training programmes give pharmacists a strong foundation in pharmacodynamics, pharmacology, pharmacokinetics and toxicity of medicines, and how they may be used to prevent and treat illness, relieve symptoms or assist in the diagnosis of disease. This is underpinned by knowledge of the law relating to pharmacy and medicines and its application together with supervised experience of working with patients. Once qualified, many pharmacists undertake additional postgraduate clinical training at Masters level.

The level of relevant knowledge and expertise of pharmacists entering a training programme will depend on the nature of their practice and the length of their experience. The design and delivery of programmes will need to take account of the range of pharmacists' background expertise, experience and skills and will be expected to confirm their competence in prescribing through appropriate assessment strategies.

The Royal Pharmaceutical Society's Code of Ethics and Standards requires that pharmacists ensure that their knowledge, skills and performance are of a high quality, up to date, evidence based and relevant to their field of practice. Pharmacists who wish to train as prescribers will need to demonstrate to the education provider evidence of relevant Continuing Professional Development and show how they intend to ensure that their prescribing skills will be kept up to date and extended as their prescribing role develops into new areas of clinical practice.

##### ENTRY REQUIREMENTS

All entrants to this education programme must meet the following requirements:

- Current registration with RPSGB &/or PSNI as a practising pharmacist
- Have at least two years appropriate patient orientated experience practising in a hospital, community or primary care setting following their pre-registration year
- Identify an area of clinical practice and need in which to develop their prescribing skills
- Have up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice
- Demonstrate how they reflect on their own performance and take responsibility for their own CPD;
- Demonstrate how they will develop their own networks for support, reflection and learning, including prescribers from other professions

Pharmacists would normally be expected to complete the full training programme. All candidates, however, would be required to complete all assessments, including satisfactory completion of the period of learning in practice.

### **AIM**

To enable pharmacists to practise and develop as prescribers and to meet the standards set by the Royal Pharmaceutical Society of Great Britain.

### **LEARNING OUTCOMES**

Following qualification, Pharmacist Independent Prescribers will be able to:

- understand the responsibility that the role of independent prescriber entails, be aware of their own limitations and work within the limits of their professional competence – knowing when and how to refer / consult / seek guidance from another member of the health care team
- develop an effective relationship and communication with patients, carers, other prescribers and members of the health care team
- describe the pathophysiology of the condition being treated and recognise the signs and symptoms of illness, take an accurate history and carry out a relevant clinical assessment where necessary.
- use common diagnostic aids e.g. stethoscope, sphygmomanometer.
- apply clinical assessment skills to:
  - inform a working diagnosis
  - formulate a treatment plan
  - the prescribing of one or more medicines if appropriate
  - carry out a checking process to ensure patient safety.

- demonstrate a shared approach to decision making by assessing patients' needs for medicines, taking account of their wishes and values and those of their careers when making prescribing decisions
- identify and assess sources of information, advice and decision support and demonstrate how they will use them in patient care taking into account evidence based practice and national/local guidelines where they exist.
- recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels
- prescribe, safely, appropriately and cost effectively
- monitor response to therapy, review the working/differential diagnosis and modify treatment or refer / consult / seek guidance as appropriate
- work within a prescribing partnership
- maintain accurate, effective and timely records and ensure that other prescribers and health care staff are appropriately informed
- demonstrate an understanding of the public health issues related to medicines use
- demonstrate an understanding of the legal, ethical and professional framework for accountability and responsibility in relation to prescribing
- work within clinical governance frameworks that include audit of prescribing practice and personal development
- participate regularly in CPD and maintain a record of their CPD activity

### ***INDICATIVE CONTENT***

It is expected that education providers will use the indicative content to develop a detailed programme of study which will enable pharmacists to meet the learning outcomes.

#### ***Consultation, Decision-Making, Assessment and Review Autonomous working and decision making within professional competence.***

- Understanding own limitations
- Accurate assessment, history taking, and effective communication and consultation with patients and their parents/carers
- Patient compliance and shared decision making
- Building and maintaining an effective relationship with patients, parents and carers taking into account their values and beliefs

- Effective communication and team working with other prescribers and members of the health care team
- A knowledge of the range of models of consultation and appropriate selection for the patient
- Formulating a working diagnosis
- Development of a treatment plan or clinical management plan, including lifestyle and public health advice
- Confirmation of diagnosis/differential diagnosis – further examination, investigation, referral for diagnosis
- Principles and methods of patient monitoring
- Chemical and biochemical methods for monitoring the treatment of the condition(s) for which the pharmacist intends to prescribe on qualification and responses to results.
- Clinical examination skills relevant to the condition(s) for which the pharmacist intends to prescribe.
- Use of common diagnostic aids and assessment of the patient's general health status; to include stethoscope, sphygmomanometer, tendon hammer, simple use of ophthalmoscope, auroscope, examination of the cranial nerves. Recognition of signs that are indicative of clinical problems.
- Assessing responses to treatment against the objectives of the treatment plan/clinical management plan
- Working knowledge of any monitoring equipment used within the context of the treatment/clinical management plan
- Identifying and reporting adverse drug reactions
- Management options including non-drug treatment and referral

#### ***Influences on and Psychology of Prescribing***

- Patient demand versus patient need including partnership in medicine taking, awareness of cultural and ethnic needs.
- External influences, at individual, local and national levels.
  - Awareness of own personal attitude and its influence on prescribing practice.

#### ***Prescribing in a Team Context***

- The role and functions of other team members
- Communicating prescribing decisions to other members of the team.

- The responsibility of a supplementary prescriber in developing and delivering a clinical management plan.
- The professional relationship between pharmacist prescribers and those responsible for dispensing.
- Interface between medical and non-medical prescribers and the management of potential conflict
- Documentation, and the purpose of records
- Structure, content and interpretation of health care records/clinical notes including electronic health records
- The framework for prescribing budgets and cost effective prescribing

### ***Applied Therapeutics***

- Pharmacodynamics and pharmacokinetics
- Changes in physiology and drug response, for example the elderly, young, pregnant or breast feeding women and ethnicity
- Adverse drug reactions and interactions, to include common causes of drug-related morbidity
- Pathophysiology of defined condition(s) for which the pharmacist intends to prescribe.
- Selection and optimisation of a drug regimen for the patient's condition
- Natural history and progression of condition(s) for which the pharmacist intends to prescribe.
- Impact of co-morbidities on prescribing and patient management

### **Evidence-based Practice and Clinical Governance**

- Local and professional clinical governance policies and procedures
- Development and maintenance of professional knowledge and competence in relation to the condition(s) for which the pharmacist intends to prescribe.
- The rationale for national and local guidelines, protocols, policies, decision support systems and formularies – understanding the implications of adherence to and deviation from such guidance
- Prescribing in the context of the local health economy
- Principles of evidence-based practice and critical appraisal skills

- Reflective practice and continuing professional development, support networks, role of self, other prescribers and organisation
- Auditing, monitoring and evaluating prescribing practice
- Risk assessment and risk management
- Audit and systems monitoring
- Analysis, reporting and learning from adverse events and near misses

***Legal, Policy, Professional and Ethical Aspects***

- Policy context for prescribing
- Professional competence, autonomy and accountability of independent and supplementary prescribing practice
- RPSGB Code of Ethics and Practice Guidance
- Legal frameworks for prescribing, supply and administration of medicines e.g. patient group directions, supply in hospitals.
- Medicines regulatory framework including Marketing Authorisation, the use of medicines outside their product licence.
- the law applied to the prescribing, dispensing and administration of controlled drugs and appropriate counselling of patients
- Compliance with guidance arising from the Shipman enquiry
- Ethical considerations of the supply and administration of medicines
- Application of the law in practice, professional judgment, liability and indemnity
- Accountability and responsibility to the employer or commissioning organisation, awareness of local complaints procedures
- Consent
- Prescription pad administration, procedures when pads are lost or stolen
- Writing prescriptions
- Record keeping, documentation and professional responsibility
- Confidentiality, Caldicott and Data Protection, Freedom of Information
- Suspicion, awareness and reporting of fraud or criminal behaviour, knowledge of reporting and 'whistle blowing' procedures

### ***Prescribing in the Public Health Context***

- Patient access to health care and medicines
- Duty to patients and society
- Use of medicines in populations and in the context of health priorities
- Public health policies, for example the use of antibiotics, antivirals and vaccines
- Inappropriate use of medicines including misuse, under and over-use
- Inappropriate prescribing, over and under-prescribing

### ***TEACHING, LEARNING AND SUPPORT STRATEGIES***

Programmes should be taught at least at first degree level (QAA level 3) and reflect the fact that since June 2002, pharmacists have graduated and practise at QAA level 4.

Teaching and learning strategies need to recognise:

- the background knowledge and experience of pharmacists in all aspects of medicines, working with patients and the law relating to pharmacy and that this will vary between individuals;
- that pharmacists are familiar with basic pharmacology and the treatment of minor ailments. Programme content on applied therapeutics should focus on evidence-based selection and use of medicines and optimisation of treatment in individual patients;
- formal confirmation of clinical competence in the specified condition(s) for which the pharmacist intends to prescribe is an essential part of the programme;
- that pharmacists may not learn clinical examination skills in their basic training and that arrangements must be made for them to learn basic skills for the clinical (risk) assessment of patients
- pharmacists must learn the skills required for assessment of patients with the condition(s) for which they will prescribe. The roles of the education provider and the DMP in these respects must be made clear.
- the value of case studies and significant event analysis in the learning process.
- the need to encourage development of critical thinking skills and reflective practice and the maintenance of CPD records

### ***Period of Learning in Practice***

Every student must complete a minimum period equivalent to 12 x 7.5 hour days learning in practice under the supervision of a designated medical practitioner.

The purpose of the period of learning in practice is to enable the student to:

- identify the learning outcomes to be achieved through practical experience and how they will be achieved;
- transfer their learning from the taught programme into practice;
- acquire and practise skills that are more appropriately learned in practice, including communication with patients and carers and other prescribers, clinical knowledge and skills necessary for the diagnosis and treatment of the condition(s) for which they intend to prescribe;
- prepare treatment plans and clinical management plan, monitor and assess patients' responses to treatment;
- keep accurate and timely records of their prescribing practice;
- demonstrate and document their professional development as a prescriber;
- confirm that they have met the learning outcomes for the practice element of the education and training programme.

The role of the designated medical practitioner in the period of learning in practice is to:

- help the student to identify the learning outcomes to be achieved in the period of learning in practice;
- identify the roles of the DMP, members of the health care team and the student in achieving the learning outcomes as part of a learning contract or similar agreement;
- provide training and support to enable the student to achieve the learning outcomes, in particular clinical assessment of patients with the condition(s) for which the student intends to prescribe;
- monitor the progress of the student and confirm the completion of the equivalent of 12 days learning in practice;
- assess the achievement of the learning outcomes by the student, including confirmation of their ability to use common diagnostic aids for the physical examination of patients;
- complete a professional declaration that confirms that in his/her opinion the student is suitable for registration as an independent and supplementary prescriber.

The role of the education provider in the period of learning in practice is to:

- confirm that the student has a named medical practitioner who has a) experience in a relevant field of practice, b) training and experience in the supervision, support and assessment of trainees, c) who has agreed to:

- provide the student with opportunities to develop competencies in prescribing;
- supervise, support and assess the student during their clinical placement;
- ensure that the period of learning in practice is normally completed within the duration of the education and training programme;
- provide the student and DMP with clear and practical guidance on completion of the period of learning in practice, including:
  - the expectations of the DMP and that these will not require 12 full days of continuous supervision and may involve student support and experience with other members of the team, other non-medical independent prescribers and external contributors;
  - the role of the DMP in helping students to acquire knowledge and practical skills, particularly clinical assessment skills relevant to their proposed role as a prescriber;
  - use of mentoring techniques commensurate with student progress such as demonstration, observation and review of clinical cases;
  - requirements for formative and summative assessment of the student;
  - practical guidance, support and quality assurance of any summative assessments carried out by the DMP on behalf of the education provider;
  - structured workbook or portfolio for recording the completion of 12 days in practice, achievement of learning outcomes and professional declaration that the student is competent as an independent prescriber;
  - the roles of the education provider and DMP in confirming that the student has the clinical competence necessary for their role as a pharmacist independent prescriber.

### **ASSESSMENT STRATEGIES**

The assessment requirements must be made explicit, in particular the criteria for pass/fail and the details of the marking scheme.

Assessment should test all aspects of prescribing and must include a practical assessment and confirmation of the student's clinical and physical examination skills. Each student should maintain a portfolio of achievement for assessment of the stated learning outcomes.

Assessment strategies should test:

- a) Knowledge and skills relevant to prescribing
- b) Ability to work with patients and arrive at shared prescribing decisions
- c) Ability to conduct a relevant clinical assessment of patients

- d) Ability to use basic diagnostic aids and make a general assessment of a patient's health
- e) The clinical competence required to practise as a prescriber
- f) Implementation of evidence based practice
- g) A reflective approach to learning and CPD as a prescriber
- h) Satisfactory completion of the period of practice experience\*

The choice of assessment techniques will reflect the expertise of the programme provider and the design of the programme. Examples of assessments that have been used include:

Knowledge tests: open or closed book, MCQ, short answer, essay

Case studies in the form of presentations, essays

Portfolios in the form of reflective journals, diaries, evidence of competence, files of activity including clinical management plans, records of learning in practice or the whole learning experience.

Practice workbook to provide evidence of completion of 12 days in practice, containing NPC competencies as a structure for drawing up a learning contract and recording progress and completion, as a guide to the DMP on their role and completion of a professional declaration that confirms the student has passed the period of learning in practice.

Practical test of prescribing competence, usually implemented as a university based OSCE with 2 – 10 stations, or a practice-based OSCE run by the DMP or an observed patient consultation assessed by the DMP.

**Where practical assessments are not performed by university assessors, quality assurance procedures must ensure consistency of standards between assessors. This will normally include video recording and the presence of academic staff at the assessment.**

\*Completion of the programme and confirmation of an award must be conditional on satisfactory completion of the practice experience. Poor performance in this element must not be compensated by other elements of the assessment.

### ***LENGTH OF PROGRAMME***

The duration of the programme is expected to be at least 26 days including sufficient face-to-face contact time

- to enable pharmacists to work with other students
- to share and consolidate their learning and
- to learn to use common diagnostic aids and assess a patient's health status.

Other ways of learning, such as distance learning and open learning formats may be used providing there is appropriate contact time and attendance requirements. In considering applications for programme accreditation, the Society will take the following factors into account;

- The compatibility of programmes for nurses, pharmacists and prescribers from other disciplines so that at least some of the learning experiences are shared
- The need for programmes for pharmacists to confirm clinical competence in the condition(s) for which they intend to prescribe treatments.
- The period of learning in practice for an individual pharmacist should be sufficiently long to enable the pharmacist to become competent in the skills of prescribing practice and in no case should it be less than twelve 7.5h days.

### **Qualification and Awards**

Pharmacists who successfully complete an accredited programme must be awarded a *Practice Certificate in Independent Prescribing*. This is the only award that will be recognised by the Society for annotating the pharmacist's entry in the membership register with independent prescribing status. The programme provider may also wish to make an award of academic credits and/or another form of academic award.

June 2006

## Appendix 2

### Curriculum for the Education and Training of Pharmacist Supplementary Prescribers to become Independent Prescribers

#### Introduction and Background

The curriculum to prepare pharmacist independent prescribers has been developed from the curriculum for supplementary prescribers published by the Society in November 2002. The changes and additions reflect experience with the education and practice of pharmacist supplementary prescribers and also the significant differences associated with practice as an independent prescriber. Individual pharmacist supplementary prescribers will have experienced different degrees of clinical and professional responsibility in their prescribing practice but they will all have shared that responsibility with an independent prescriber. Practice as a pharmacist independent prescriber involves working autonomously to make decisions about patient care and a greater awareness of personal limitations and the scope of professional competence. In particular, an independent prescriber will be responsible for making autonomous prescribing decisions based on the clinical assessment of patients, not only of the clinical needs for which the patient is consulting the pharmacist but also to ascertain if there are any other clinical problems that require attention or referral by the pharmacist.

The increase in professional autonomy, clinical assessment and responsibility and the associated legal and ethical implications form the basis of the curriculum for conversion programmes.

#### Entry Requirements

All entrants to a conversion programme must meet the following requirements:

- current registration with RPSGB or PSNI as a practising pharmacist with annotation as a supplementary prescriber for not more than five years;
- currently practising as a supplementary prescriber or registered as a supplementary prescriber for not more than five years and able to provide evidence of relevant patient orientated practice;
- able to provide a statement of support from a medical practitioner that confirms competence as a supplementary prescriber.
- demonstrate how they reflect on their own performance and take responsibility for their own CPD;
- demonstrate how they have developed their own networks for support, reflection and learning, including prescribers from other professions

#### Aim

To enable pharmacist supplementary prescribers to practise and develop as independent prescribers and to meet the standards set by the Royal Pharmaceutical Society of Great Britain.

The learning outcomes in italics are additional to those which will already have been demonstrated by pharmacist supplementary prescribers. They should form the basis for a conversion course.

Following completion of a programme of study, pharmacist independent prescribers will be able to demonstrate all the following learning outcomes:

- *understand the responsibility that the role of independent prescriber entail, be aware of their own limitations and work within the limits of their professional competence – knowing when and how to refer / consult / seek guidance from another member of the health care team*
- develop an effective relationship and communication with patients, carers, other prescribers and members of the health care team
- *Describe the pathophysiology of the condition being treated and recognise the signs and symptoms of illness, take an accurate history and carry out a relevant clinical assessment where necessary.*
- *use common diagnostic aids e.g. stethoscope, sphygmomanometer.*
- *Apply clinical assessment skills to:*
  - *inform a working diagnosis*
  - *formulate a treatment plan*
  - *the prescribing of one or more medicines if appropriate*
  - *carry out a checking process to ensure patient safety.*
- demonstrate a shared approach to decision making by assessing patients' needs for medicines, taking account of their wishes and values and those of their carers when making prescribing decisions
- identify and assess sources of information, advice and decision support and demonstrate how they will use them in patient care taking into account evidence based practice and national/local guidelines where they exist.
- recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels
- prescribe, safely, appropriately and cost effectively
- *monitor response to therapy, review the working/differential diagnosis and modify treatment or refer / consult / seek guidance as appropriate*
- work within a prescribing partnership
- maintain accurate, effective and timely records and in addition, ensure that other prescribers and health care staff are appropriately informed
- demonstrate an understanding of the public health issues related to medicines use

- *demonstrate an understanding of the legal, ethical and professional framework for accountability and responsibility in relation to independent prescribing*
- work within clinical governance frameworks that include audit of prescribing practice and personal development
- participate regularly in CPD and maintain a record of their CPD activity

#### **Indicative content**

- Autonomous working and decision making within professional competence.
- Understanding own limitations
- Accurate assessment, history taking, and effective communication and consultation with patients and their parents/carers
- Effective communication and team working with other prescribers and members of the health care team
- Formulating a working diagnosis
- Development of a treatment plan, including lifestyle and public health advice
- Confirmation of diagnosis/differential diagnosis – further examination, investigation, referral for diagnosis
- Clinical examination skills relevant to the condition(s) for which the pharmacist intends to prescribe.
- Use of common diagnostic aids and assessment of the patient's general health status; to include stethoscope, sphygmomanometer, tendon hammer, simple use of ophthalmoscope, auroscope, examination of the cranial nerves. Recognition of signs that are indicative of clinical problems.
- Professional competence, autonomy and accountability of independent and supplementary prescribing practice
- Application of the law in practice, professional judgment and responsibility, liability and indemnity, associated with independent prescribing
- the law applied to the prescribing, dispensing and administration of controlled drugs and appropriate counselling of patients
- compliance with guidance arising from the Shipman enquiry

#### **Teaching, Learning and Assessment Strategies**

Programmes should be taught at least at first degree level (QAA level 3) and reflect the fact that since June 2002, pharmacists have graduated and practise at QAA level 4.

Strategies for teaching and learning will need to recognise that while programmes that train pharmacist supplementary prescribers will have covered the full supplementary prescribing curriculum, there will be variations in student learning and background experience, particularly in physical examination skills and topics that were not in the supplementary prescribing curriculum such as history taking.

Programme delivery may be achieved through a range of strategies selected according to students' prior learning and experience, for example, face to face instruction, distance learning, directed private study or evidence of achievement of learning outcomes confirmed in a portfolio. Teaching and learning strategies must reflect:

- formal confirmation of clinical competence in the specified condition(s) for which the pharmacist intends to prescribe is an essential part of the programme;
- that pharmacists may not learn clinical examination skills in their basic training and that arrangements must be made for them to learn basic skills for the clinical (risk) assessment of patients
- pharmacists must learn the skills required for assessment of patients with the condition(s) for which they will prescribe. The roles of the education provider and the DMP in these respects must be made clear.

All students must complete a period of learning in practice supervised by a designated medical practitioner who may be the independent prescriber who works with the student in a supplementary prescribing partnership.

Assessment should confirm that the student has achieved the additional learning outcomes for independent prescribing listed in this curriculum. Assessment must provide confirmation of the student's clinical competence in the area(s) for which they intend to prescribe; including the clinical assessment of patients and the ability to use basic diagnostic aids and make an assessment of the patient's general health.

### **Programme Duration**

The programme for individual students should be of sufficient length to achieve the learning outcomes. In no case should programme length be less than the equivalent of two days for the taught component, of which at least one day must comprise face to face learning activities, plus at least two 7.5h days learning in practice under the supervision of a designated medical practitioner

### **Qualification and Award.**

Pharmacists who successfully complete an accredited conversion programme must be awarded a *Practice Certificate in Independent Prescribing*. This is the only award that will be recognised by the Society for annotating the pharmacist's entry in the membership register with independent prescribing status. The programme provider may also wish to make an award of academic credits and/or another form of academic award.

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